

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 2-22-05.

The IRO reviewed a work hardening program.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity **in the amount of \$1,920.00**. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO Decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 3-16-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 99212 billed for date of service 7-6-04 was denied as "D - submitted charges are duplicate of previously submitted bill #1163-H-21747-0. Neither party submitted the original EOB and the Medical Review Division cannot determine the original denial reason; therefore, no review and no reimbursement recommended.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees of \$1,920.00 as outlined above in accordance with Medicare program reimbursement methodologies for dates of service 9-1-04 to 9-15-04 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is hereby issued this 12th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

March 24, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-1743-01

CLIENT TRACKING NUMBER: M5-05-1743-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

- Notification of IRO assignment dated 3/16/05, 2 pages
- Medical dispute resolution request/response form, date stamp for receipt from requestor 2/22/05, 3 pages
- Explanation of review forms for dates of service 9/1/04 through 9/15/04, 2 pages

Records received from Central Dallas Rehab:

- Letter from Texas Workers' Compensation Commission dated 3/1/05, 1 page
- MDR packet submission checklist dated 2/15/05, 1 page
- Letter from Central Dallas Rehab/Americare Clinics dated 2/15/05, 1 page

- Medical dispute resolution request/response form, undated, 3 pages
- Letter from Central Dallas Rehab/Americare Clinics dated 12/23/04, 2 pages
- SOAP notes dated 3/3/04, 2 pages
- Work hardening notes dated 9/1/04, 16 pages
- Ergos evaluation summary report dated 7/23/04, 5 pages
- Ergos evaluation summary report dated 7/23/04, 2 pages
- Performance vs. job requirements report dated 7/23/04, 2 pages
- IA static strength average report, undated, 2 pages
- 2-whole body range of motion report, undated, 1 page
- 3-work endurance report, undated, 1 page
- 4-standing work tolerance report, undated, 1 page
- Ergos assessment job placement considerations report dated 7/23/04, 1 page
- Texas Workers' Compensation work status reports dated 7/28/04 and 2/2/05, 5 pages
- Office report dated 6/3/04, 2 pages
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Summary of Treatment/Case History:

This patient, ____, received a compensable injury to her right shoulder. Treatment was administered by doctors at North Central Rehab. The patient was treated in a typical, reasonable and prudent manner regarding her injury. Progress to a pre-injury status from a documented work injury is recorded within the notes. Pre-injury status was acquired through treatment in reasonable time frame for that particular injury.

Questions for Review:

The dates of service in dispute are 9/1/04 through 9/15/04. The items in dispute include #97546-WH and #97545-WH. Denied by carrier for unnecessary treatment with EOB codes "U."

Explanation of Findings:

Codes #97545-WH (work hardening/conditioning; initial 2 hours) and #97546-WH (work hardening/conditioning; each additional hour) identifies the work hardening portion of a complete return to work program. Each segment of the work return program has necessity. Work hardening is identified as strengthening exercises designed to emulate the work environment, by completing the work hardening portion of a program, injured workers may return to work sooner and more likely to not suffer from a reoccurring injury of the same nature.

Conclusion/Decision to Certify:

Codes #97545-WH and #97546-WH are medically necessary for dates 9/1/04 completely through date 9/15/04.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Texas Workers comp

Chiropractic Management of Injury- Lawrence

Medline plus

The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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